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State CARE Act Program Profile

CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$0	\$0	\$0	\$0
Title II (including ADAP)	\$613,264	\$917,406	\$1,104,116	\$2,634,786
ADAP	(\$89,422)	(\$292,680)	(\$489,543)	(\$871,645)
Title III	\$149,166	\$532,366	\$915,746	\$1,597,278
Title IV	\$0	\$0	\$0	\$0
SPNS	\$0	\$0	\$0	\$0
AETC	\$70,000	\$50,750	\$70,000	\$190,750
Dental	\$0	\$1,920	\$17	\$1,937
Total	\$832,430	\$1,502,442	\$2,089,879	\$4,424,751

Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

	1996	1997	1998
Title I	0	0	0
Title III	1	3	4
Title IV	0	0	0
SPNS	0	0	0
AETC (grantee or subcontractor)	1	1	1
Dental	0	2	1

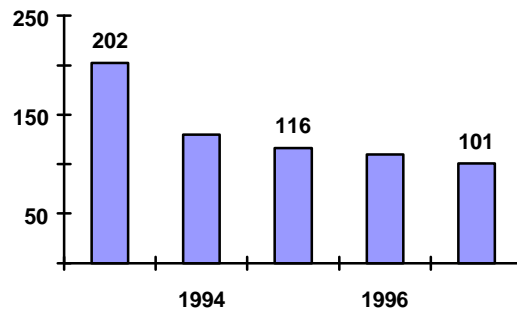
Location of FY 1998 CARE Act Grantees and Title II Consortia



HIV/AIDS Epidemic in the State: Iowa (Pop. 2,852,423)

- ▶ Persons reported to be living with AIDS through 1997: 461
- ▶ New AIDS Cases by Calendar Year, 1993-1997

- ▶ State reporting requirement for HIV: No HIV reporting
- ▶ State AIDS Cases (cumulative) since 1993: 659 (<1% of AIDS cases in the U.S.)



Demographics of AIDS Cases Reported in 1997

National Data	
Women (13 years and up):	89%
	22%
National Data	
13-19 years old :	1%
	1%
	98%
State-Specific Data	
White:	33%
	20%
Hispanic:	21%
	2%
Native American/Alaskan Native:	<1%

	State-Specific Data	National Data
Men who have sex with men (MSM):	49%	35%
Injecting drug user (IDU):	14%	24%
Men who have sex with men and inject drugs (MSM/IDU):	3%	4%
	12%	13%
	22%	24%

	State-Specific Data	National Data
	0%	<1%
	100%	91%
components, or tissue:	0%	
Other, unknown or not reported:	0%	

Co-morbidities

	State Cases per	U.S. Cases per 100,000 Population
	146.6	194.5
	40.3	124.0
	0.8	4.3
	2.6	7.4

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop,

discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major

- ▶ **Gaps:** insurance coverage; primary medical and dental care; transportation; long-term care; housing; and home care
- ▶ **Emerging Needs:** culturally/linguistically appropriate services; services for women; high-risk behavior by young gay males and heterosexuals; service coordination for the multiply diagnosed; medications; and need for standards of care

State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	75% FPL
Pregnant Women	185% FPL
Medically Needy	52% FPL

*Income eligibility for State's ADAP program is 200% FPL.

Medicaid Prescription Drug Benefits Limits

Co-payment:	Yes
Limit on Rx per month:	No
Refill limit:	No
Quantity Limit:	No

Waivers

1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

1115 waiver: No

1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

1915(b) waiver(s): Yes

Title II: Iowa

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$613,264	\$917,406	\$1,104,116	\$2,634,786
ADAP (included in Title II grant)	(\$89,422)	(\$292,680)	(\$489,543)	(\$871,645)
Minimum Required State Match	\$0	\$0	\$0	\$0

Allocation of Funds

	1998
Health Care (State Administered)	\$576,888/52%
Home and Community Care	(\$0)
Health Insurance Continuation	(\$0)
ADAP/Treatments	(\$536,888)
Direct Services	(\$40,000)
Case Management (State Administered)	\$0/0%
Consortia	\$370,000/34%
Health Care*	(\$60,275)
ADAP/Treatment	(\$0)
Case Management	(\$232,059)
Support Services**	(\$77,666)
Administration, Planning and Evaluation (Total State/Consortia)	\$157,228/14%

* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

** includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

Consortia Activities, FY 1997

States provide services directly or through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops and delivers services for people living with HIV disease.

Number of consortia in State: 4

Consortium Name	Location	Service Area	Title II Funding, FY 1997
AIDS Project of Central Iowa	Des Moines	Boone, Clarke, Dallas, Decatur, Hamilton, Hardin, Jasper, Marion, Marshall, Lucas, Polk, Story Warren, Wayne, and Madison Counties	\$199,758
Northeast Iowa HIV CARE Consortium	Waterloo	Tama, Benton, Linn, Jones, Jackson, Grandy, Black Hawk, Delaware, Buchanan, Dubuque, Butler, Bremer, Fayette, Clayton, Chicasaw, Howard, Winneshiek, and Allamakee Counties	\$172,758
Southeast Iowa HIV CARE Consortium	Iowa City	Poweshiek, Johnson, Iowa, Cedar, Clinton, Mahaska, Keokuk, Washington, Scott, Muscatine, Louisa, Des Moines, Lee, Appanoose, Davis, Van Buren, Henry, Jefferson, Wapello, and Monroe Counties	\$221,758
Western Iowa HIV CARE Consortium	Sioux City	Lyon, Osceola, Dickinson, Emmett, Kossoth, Winnebago, Worth, Mitchell, Sioux, O'Brien, Clay, Palo Alto, Hancock, Cerro Gordo, Floyd, Franklin, Wright, Humboldt, Pocahontas, Buena Vista, Cherokee, Plymouth, Woodbury, Ida, Sac, Calhoun, Webster, Monona, Crawford, Carroll, Greene, Harrison, Shelby, Audubon, Guthrie, Pottawattimie, Adair, Cass, Mills, Montgomery Adams, Union, Fremont, Page, Taylor and Ringgold Counties	\$192,758

Accomplishments

Clients Served (duplicated count), FY 1996:	640
Men:	67%
Women:	33%

<13 years old:	3%
13-19 years old:	2%
20+ years old:	77%

White:	86%
African American:	11%
Hispanic:	2%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	2%

Men who have sex with men (MSM):	58%
Injecting drug user (IDU):	4%
Men who have sex with men and inject drugs (MSM/IDU):	5%
Heterosexual contact:	10%
Other, unknown or not reported:	23%

► **Improved Patient Access**

- The grantee reported a total of 757 clients accessed primary health care and support services through Title II consortia in 1997, an 18% increase over the previous two years and a 170% increase since the program began in 1991, with 280 clients served.
- The total number of medical outpatient visits increased 100% in 1997 over 1995, with 644 visits covered in 1997 compared with 317 visits in 1995.
- Enrollment in ADAP has grown since its inception in 1996 from 115 clients to 140 enrolled clients as of July 1998, although the total number served each year has not changed significantly. (ADAP clients may leave the program during the year, when they become eligible for Medicaid, move, or their income level changes significantly. Therefore, the total number served each year may be greater than the number of ADAP enrollees at any given point in the year.)
- The proportion of ADAP clients accessing protease inhibitors increased from 40% in 1997 to 70% of ADAP clients as of mid-1998.
- In 1997, the Title II program contracted with a laboratory to provide viral load testing for uninsured clients.
- The race/ethnicity and age demographic characteristics of ADAP clients mirror the demographics of the HIV epidemic in Iowa. Females are over-represented in ADAP clients, indicating successful outreach to the underserved female population.

▶ **Improved Patient Outcomes**

- In 1997, the State began requiring information on client CD4 counts and viral load testing semi-annually from Title II-funded providers, and developed a formal survey to assess client satisfaction.

▶ **Cost Savings**

- To maximize available resources, in 1998, the grantee implemented recommendations made by the CARE Act providers of State advisory body to centralize administration of ADAP and participate in the Office of Drug Pricing's discount drug purchasing program for significant savings.
- Starting in 1998, the newly centralized ADAP was able to access the Medicaid program's database to verify a client's eligibility.

▶ **Other Accomplishments**

- The Title II program uses teleconferences, as well as care consortia meetings, to keep providers and case managers informed and up to date on treatment guidelines, standards of care, compliance, viral load testing, other ADAP-related issues, Medicaid, and HIV/AIDS needs assessment and planning.
- To improve communication with clients and case managers on available services, the HIV/AIDS Access Directory was updated, and physician names and phone numbers were added to the ADAP Prescription Report.

AIDS Drug Assistance Program (ADAP): Iowa

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$153,596	\$292,680	\$536,888	\$983,164
State Funds	\$0	\$0	\$0	\$0
Total	\$153,596	\$292,680	\$536,888	\$983,164

Program

- ▶ Administrative Agency: Dept. of Public Health
- ▶ Formulary: 28 drugs, 5 protease inhibitors, 9 other antiretroviral drugs.
- ▶ Medical Eligibility
 - ▶ HIV Infected: Yes
 - ▶ CD4 Count: No
- ▶ Financial Eligibility
 - ▶ Asset Limit: No
 - ▶ Annual Income Cap: No
- ▶ Co-payment: No
- ▶ Enrollment cap: No
- ▶ Waiting list as of 10/98: No
- ▶ Waiting list for protease inhibitors as of 10/98: No

Clients Served

Clients enrolled, 10/98:	140
Number using ADAP each month:	40
Percent of clients on protease inhibitors:	70%
Percent of active clients below 200% FPL:	100%

Client Profile, FY 1996

Men:	82%
Women:	18%

<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%

White:	90%
African American:	10%
Hispanic:	0%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%

Title III: Iowa

Title III provides funding to public and private nonprofit entities for outpatient early intervention and primary care services. From FY 1991 to FY 1998, \$445.8 million was appropriated for Title III programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Programs Funded in State	1	3	4	
Total Title III funding in State	\$149,166	\$532,366	\$915,746	\$1,597,278

Clients Served in FY 1996 by Title III Grantees in State

(Based on programmatic information from 1 grantee(s) in State)

- ▶ Total number of people provided HIV pre-test counseling and testing services by State's Title III-funded programs: 3,901
- ▶ Total number of people provided primary health care services by State's Title III-funded programs: 99
- ▶ Number of new HIV-infected patients enrolled in State's Title III-funded early intervention programs in the past year: 31
- ▶ New clients (adults only) in State's Title III-funded early intervention programs presenting with CD4:
 - ▶ under 200: 6%
 - ▶ from 200 to 499: 65%
 - ▶ above 500: 29%

Accomplishments

Clients served (primary care only), 1996:	99
Men:	91%
Women:	9%
<13 years old:	1%
13-19 years old:	1%
20+ years old:	98%

White:	78%
African American:	20%
Hispanic:	2%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%

Men who have sex with men (MSM):	81%
Injecting drug user (IDU):	5%
Men who have sex with men and inject drugs (MSM/IDU):	3%
Hemophilia/coagulation disorder:	1%
Heterosexual contact:	9%
Receipt of blood transfusion, blood components, or tissue:	0%
Other, unknown or not reported:	1%

► **Improved Patient Access**

- The number of clients served by Primary Health Care increased by 262% between 1995 and 1998. Services available to clients include primary medical care, pharmaceuticals, laboratory testing, dental care, mental health services, and dietary counseling.
- In 1995, the Quad Cities Regional Virology Center served 110 active HIV-infected clients. As of October 1997, 192 clients were enrolled in the program. The total number of client visits has increased by 261%.
- In 1998, the University of Iowa was awarded a new Title III grant to implement an early intervention program.

► **Improved Patient Outcomes**

- The grantee noted a decrease in the number hospitalizations and deaths in clients receiving HIV-related services through Primary Health Care. As of September 1998, only one client had been hospitalized for an AIDS-related illness.
- The average HIV-infected client presenting for care at the Quad Cities Regional Virology Center had a viral load of 30,000 in 1997. With aggressive antiretroviral therapy, the average viral load of clients enrolled in care was reduced to less than 3,000.

Title III Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Community Health Care/QCR Virology	Davenport	33 Counties in Iowa and Illinois	Non-329/330/340 Health Center
Primary Health Care/Broadlawns Medical Center	Des Moines	Polk, Dallas, Story, and Warren Counties	Community and Migrant (329/330) Health Center
Siouxland Community Health Center	Sioux City	Woodbury Counties	Community and Migrant (329/330) Health Center
The University of Iowa	Iowa City	Statewide	Hospital/University-based Medical Center

Planning Grants

1997 - Community Health Care - Davenport

AIDS Education and Training Centers: Iowa

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ Midwest AETC
- ▶ States Served: Illinois, Indiana, Iowa, Minnesota, Missouri, Wisconsin
- ▶ Primary Grantee: University of Illinois at Chicago, Chicago, Illinois
- ▶ Subcontractors in State: Univ. of Iowa, School of Medicine - Iowa City

Funding History

Year	1996	1997	1998	Total
Total AETC				
Funding for State	\$70,000	\$50,750	\$70,000	\$190,750

Training Highlights from FY 1997

- The AETC's training activities include addressing factors that affect adherence to antiretroviral treatment, interventions to assist adherence and measures of adherence. For example, the AETC collaborated with the Hektoen Institute/Cook County Hospital Primary Care Center to develop a range of curriculum, practice tools and resources to address adherence. The AETC also played a leading role in a national adherence teleconference in November 1998.
- The Midwest AETC has begun to address the HIV care needs of incarcerated populations and conducted a number of training initiatives targeting prison health care providers. One such effort was the "HIV in Corrections...And Back to the Community" conference designed and sponsored by the Western and Eastern Missouri Performance sites with help from the Kansas AETC. The program was offered to medical providers serving prison populations and was attended by both medical providers and prison officials.
- To help providers improve the management of clients co-infected with TB and HIV, the AETC has collaborated with the Chicago Department of Health in designing an ongoing cross-training series for STD/HIV and TB clinic and community outreach staff. Among the outcomes of these trainings have been the development of a standard confidentiality policy for both STD/HIV and TB clinics, and training for TB clinical staff on HIV counseling and testing.

- The Indiana performance site, in collaboration with the Indiana State Department of Health, produced a videotape in response to an emergency rule passed by the Indiana State Legislature. The rule, which requires all prenatal health care providers to counsel pregnant women on HIV testing, went into effect in July 1998. The video is designed to assist healthcare providers to provide consistent, accurate information to patients and comply with the rule.
- The AETC has developed a dissemination process that uses various activities to communicate the most up-to-date information about PHS treatment guidelines and HIV clinical management. Key information is distributed to practitioners by fax. With each fax transmission there is a summary of key information (four pages or less), information on resources for more extensive information, training and support, federal notices (if applicable). The AETC has also developed a grand-rounds curriculum on PHS treatment guidelines. The curriculum has been offered at area hospitals and through local provider organizations. Information about PHS guidelines is included in the AETC's ongoing programs as well.
- In an effort to ensure that HIV services are delivered in a consistent manner, the AETC has served on the Title I program evaluation and quality assurance initiative for services in the Chicago Metropolitan area. Consumers and providers of Title I services have, with the AETC's direction, worked to define, measure and improve service quality using a peer review site-visit model. The AETC offers training to consumers and providers on conducting site visits and is developing study designs to measure Title I service outcomes.

HIV/AIDS Dental Reimbursement Program: Iowa

The CARE Act HIV/AIDS Dental Reimbursement Program reimburses eligible dental schools and postdoctoral dental education programs for the reported, uncompensated costs of providing oral health care to PLWH. From FY 1996 (when the program was first funded by the CARE Act) to FY 1998, \$22.2 million in funding was provided for programs in the U.S.

Funding History

Year	1996	1997	1998	Total
Number of Programs Funded in State	0	2	1	
Total HIV/AIDS Dental Reimbursement Program Funding in State	\$0	\$1,920	\$17	\$1,937

Accomplishments

Est. clients served, 1996:	31
Men:	84%
Women:	16%
<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%

HIV/AIDS Dental Reimbursement Program Grantees, FY 1998

Grantee Name	Location
University of Iowa College of Dentistry	Iowa City